



NOTICE OF PRIVACY PRACTICES

Effective: September, 2021

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This notice describes how Impact Therapy may use and disclose your health information and how you can get access to this information. Impact Therapy follows the Privacy Rule standards of HIPAA (Health Insurance Portability and Accountability Act of 1996) for the use and disclosure of protected health information. Please review this notice carefully.

Your Rights

Access your protected health information (PHI) in paper and electronic form:

- You have the right to review and access your PHI and instructed that we send a copy of your PHI directly to someone else. PHI is information about you (such as name, birth date, medical record number) that relates to your past, present or future mental or physical health, healthcare services or payment for services.
- If you ask for an electronic copy of your PHI in a certain form and format, we will give it to you if we can easily create it. If not, we will provide it in a readable electronic format as agreed by you and Impact Therapy.
- Request a *Release of Information* form from and submit it to ashley@impact-therapy.com. It can also be faxed to 844-682-0350.
- We will provide a copy of your PHI or summary, if you agree, within 30 days of your request.
- We charge fees for medical records as allowed by state and federal law.
 - Electronic Copy: Flat fee rate of \$6.50
 - Print/Hard Copy: \$3.35 per page for the first 10 pages, \$0.70 per page for pages 11 through 50, \$0.28 per page for pages 51 and higher
 - Other than paper: actual cost of postage
- If we deny your request for PHI, we will explain in writing the reason and your options. For example we may deny your request if:
 - We do not have the requested PHI. If we know where the PHI is maintained, we will tell you.
 - A licensed healthcare professional determines that giving the requested PHI will endanger the client or others. We will explain your right to have the denial reviewed.
 - We are not able to provide the PHI because of problems with technology.

Revoke your authorization for release of PHI:

You may cancel your authorization at any time by sending a written request to Impact Therapy's privacy officer at: ashley@impact-therapy.com. We are unable to take back any disclosures we have already made prior to your authorization.

Request a correction to your electronic PHI:

- You can ask us to correct PHI that you think is incorrect or incomplete
- This request must be made in writing and submitted to ashley@impact-therapy.com
- We will respond to your request in writing within 60 days
- We may say "no" to your request and tell you why in writing

Request confidential communication:

- You can ask us to contact you in a specific way (by text or cell phone) or to send mail to a different address; this will be discussed and determined upon initial contact or initial evaluation.

Ask us to restrict PHI we share:

- You can ask us not to use or disclose your PHI. Complete this request upon completion of your *Consent for Release of Health Information* form.
- You can ask to update your *Consent for Release of Health Information* form at any time.
- We are not required to agree to this restriction request except if:
 - The disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and
 - The PHI pertains solely to healthcare items or services for which the client or persons (other than the healthcare plan) on behalf of the client is paid in full

Get a list of with whom we have shared your PHI:

You can ask for a list of who we shared your PHI with and why we shared your PHI for six years prior to the date you ask. This request must be in writing and submitted to ashley@impact-therapy.com.

- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as those you asked us to make).
- We will provide one accounting a year. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you:

- A person with authority can exercise your rights related to your PHI. This includes someone:
 - You named as a healthcare power of attorney
 - You named as a HIPAA representative
 - The court names as your legal guardian
- We will check that the person has this authority and can act for you before we take any action.

Instruct us NOT to:

- Share information with your family, close friends, or others involved in your care
- Include your information in a facility directory
- If you are not able to tell us your preference, for example you are cognitively impaired, we share your PHI if we believe it is in your best interest. We may share your PHI when needed to lessen a serious imminent threat to your health and safety.

Get a copy of this Notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

File a complaint if you believe your privacy rights have been violated:

- You can tell us if you feel we have violated your rights and request as desired a *Formal Complaint* form by contacting ashley@impact-therapy.com; you can request a formal
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
 - Sending a letter to 200 Independence Ave., SW, Washington, D.C. 20201
 - Calling 1-877-696-6775, or
 - Visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
 - We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will only use and disclose your PHI as described in this Notice.
- We will obtain your written authorization before using or disclosing PHI:
 - For marketing purposes
 - To sell
- We honor your rights to revoke your authorization
- We will promptly inform you if a breach occurs that compromised the privacy or security of your PHI

How we use your PHI

- **Treatment:** A means of communication with other health professionals who contribute to or participate in your care while you are a client including but not limited to doctors, nurses, case managers, home health care providers, therapists and other clinical personnel involved in your care. This may also include those who you identify as instrumental in your care and recovery such as family members, clergy or others who provide services that are part of your care. For example, we may need to disclose information regarding any noted skin integrity issues to your doctor in order to facilitate proper care for skin health.
- **Payment:** A means by which you or your insurance company can verify services provided to you so that we may receive payment for those services provided. For example, we may need to give your health care provider information about your therapy treatments in order to receive payment for the care provided.
- **Healthcare Operations:** A source of data in our daily operations as a healthcare provider. For example, we may need to use your health information and record as a tool in educating and assessing the competency of the therapy provided by Impact Therapy.
- **Other Uses and Disclosures:** As part of treatment, payment and health care operations, Impact Therapy may also use your PHI for medical research. Impact Therapy will use and disclose your PHI to medical researchers who request it for approved medical research projects and are required to protect the privacy of your information.

At times Impact Therapy may be **required by law** to release your health information. Impact Therapy will make reasonable efforts when using, disclosing or requesting client health information to limit information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all PHI that Impact Therapy maintains. The new Notice will be available upon request and on our website.